



Montana Department of Transportation
Accounting Services Bureau
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Helena, MT 59620-5895
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www.mdt.mt.gov

Do Not Write in this Space

Special Fuel (Diesel) Use Tax Return - Contractors Quarter Ending: _____

Trade Name (DBA):	Permit #:
Address Line 1:	Federal ID #:
Address Line 2:	FEIN or SSN:
City, State, Zip:	Phone #:

This return must be filed even if you did not operate this quarter.

Stop and Read: Effective October 1, 2005 SU permit holders are required to use tax-paid fuel on public and private projects. Permit holders who do not request a refund of fuel taxes, and/or are not responsible for fuel tax liability on fuel used to produce aggregate material used on taxable projects are not required to maintain usage records. For information call (406) 444-7689.

- 1) Are you requesting a refund and/or:
- 2) Do you owe tax for fuel used to produce aggregate?

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No to both questions? Skip lines 1-19 below, sign and submit form to address shown above.

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Yes to either question? Complete lines 1 – 19 below and fuel listings (on back) to compute your credit or tax due.

1. Total miles traveled in all jurisdictions. (Round to nearest mile)		Miles
2. Total fuel used in vehicles. DO NOT ENTER FUEL USED IN EQUIPMENT.		Gal
3. Average miles per gallon. (Line 1 divided by line 2) (Round to 2 decimal places.)		MPG
4. Total miles traveled in Montana.	Miles	
5. Total miles traveled off-road in Montana. (Private or Forest Service)	Miles	
6. Total miles traveled on-road in Montana. (Subtract line 5 from line 4)		
7. Total taxable fuel used in Montana by vehicles. (Divide line 6 by line 3: Round to nearest gallon)	Gal	
8. Total fuel used in all taxable projects. (From line 6 of form MF-15)	Gal	
9. Total taxable fuel. (Add line 7 and 8)		Gal
10. Total Montana tax paid fuel used. (From Schedule 3 on back)	Gal	
11. If line 10 is more than line 9, subtract line 9 from line 10. If not, go to line 13.	Gal	
12. Multiply line 11 by .2775.	\$ ()	
13. If line 9 is more than line 10, subtract line 10 from line 9. If not, go to line 15.		Gal
14. Multiply line 13 by .2775.		\$
15. Credit for fuel used by PTO. (Attach PTO Schedule)	\$ ()	
16. Late filing penalty. (\$25.00 or 10% of tax due, whichever is greater)		\$
17. Interest. (1% of tax due per month or fraction thereof)		\$
18. Prior quarter credits.	\$ ()	
19. Total Amount Due/(Credit). (Add lines 14, 16, 17 then subtract lines 12, 15 and 18)		\$

Make remittance payable to the Department of Transportation.

Sign and return form to address shown above.

I declare, under penalties of perjury, that this return (including any schedules) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Signature of Authorized Agent

Title

Date

☐

Refund Credit

☐

Check Here To Cancel Your Special Fuel Users Permit.
Effective Date of Cancellation _____

Schedule 1: Diesel Fuel Purchases

List all diesel fuel purchases for the quarter. (At the pump and bulk gallons)

Date of Purchase	Invoice Number	Dealer	City, ST	MT Tax Paid Bulk	MT Tax Paid at the Pump	NO MT Tax Paid (dyed or out of state fuel)
1) Totals from supplement (s) MF-12A – Schedule 1:						
2) Total gallons Montana tax paid bulk fuel:						
3) Total gallons Montana tax paid fuel purchased at the pump:						
4) Total gallons no Montana tax paid: (dyed or out of state)						

Schedule 2: Bulk Storage of Diesel Fuel

Summary of diesel fuel bulk storage.

	MT Tax Paid	No MT Tax Paid
1. Beginning Inventory:		
2. Received into storage:		
3. Ending Inventory:		
4. Total fuel dispensed : (<i>Line 1 plus line 2 minus line 3</i>)		
5. Total fuel dispensed into vehicles:		
6. Total fuel dispensed into IFTA vehicles:		
7. Total fuel dispensed into equipment:		
8. Total tax-paid fuel used in non IFTA vehicles: (<i>Line 4 minus line 6</i>)		

Schedule 3: Montana Tax Paid Diesel Fuel Used

Total Montana tax paid fuel placed into vehicles and equipment.

Schedule 1, line 3: _____ + Schedule 2, line 8: _____ = _____ Enter this number on line 10 on front.